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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/685,134 TRANSMITTAL Filing Date 10/14/2003 고 8 2005 법 FORM First Named Inventor James F. Zucherman Art Unit 3731 **Examiner Name** Jessica R. Baxter น์แ correspondence after initial filing) Attorney Docket Number KLYCD-05009US1 mber of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC **|** Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request Request for Refund **Express Abandonment Request** CD, Number of CD(s)\_ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Fliesler Mever LLP Customer No. 23910 Signature Printed name Suvashis Bhattacharya Date Reg. No. 46,554 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Mail Stop Amendment Signature

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Typed or printed name

Suvashis Bhattacharya

Fee Paid (\$)

Fees Paid (\$)

180.00



Complete if Known Effective on 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/685,134 **Application Number** 10/14/2003 Filing Date For FY 2005 James F. Zucherman First Named Inventor 3731 **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit Jessica R. Baxter TOTAL AMOUNT OF PAYMENT (\$) 180Attorney Docket No. KLYCD-05009US1 METHOD OF PAYMENT (check all that apply) Credit Card Check Money Order None Other (please identify): Deposit Account Deposit Account Number: 06-1325 Deposit Account Name: 23910 - Fliesler Meyer LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES Small Entity** Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 100 150 500 250 130 Design 200 100 100 50 65 Plant 200 100 300 160 80 150 600 Reissue 300 300 150 500 250 Provisional 200 O 0 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** 33\_\_\_ - 20 or HP = 0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 0 HP = highest number of independent claims paid for, if greater than 3

SUBMITTED BY			
Signature	5.Bhat	Registration No. (Attorney/Agent) 46,554	Telephone 415.362.3800
Name (Print/Type)	Suvashis Bhattacharya		Date 2/24/05

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Number of each additional 50 or fraction thereof

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for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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**Extra Sheets** 

Other: Information Disclosure Statement

Non-English Specification, \$130 fee (no small entity discount)

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4. OTHER FEE(S)